P150000102461

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only October Elph Hone h)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enal) reme,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200425696062

03/14/24--01020--022 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Unlimited Insurance	ee Partners Inc			
DOCUMENT NUM	BER:				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Hector J Marchena				
		Name of Contact Person	1		
	Unlimited Insurance Partners Inc				
	•	Firm/ Company	1,		
	2742 Cherokee Ct				
		Address			
	West Palm Beach, FL 33406				
		City/ State and Zip Code			
	hmarchena@newcenturymed	.com			
	E-mail address: (to be us	ed for future annual report	notification)		
For further informatic	on concerning this matter, pleas	e call: 786	-47()47(K)		
	of Contact Person	at ()le & Daytime Telephone Number		
	or the following amount made p		•		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.C	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

Unlimited Insurance Partners Inc		For 1 .
(Name of Corporation	as currently filed with the Florida D	ept. of State)
P15000063401		2021, 21-5
(Documer	nt Number of Corporation (if known)	2024 HTR 14, ATTO: 57
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:	
Unlimited Partners Services Inc		The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevi	or "Co". A professional corporation	ed" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	MESS)	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered of 	d office address in Florida, enter the	name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.	am familiar with and accept the obligat	
Signatu	ire of New Registered Agent, if changin	g

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	\underline{V}	Mike Jos	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>rith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		-
Add				
Remove				****
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Attach <i>additional</i>	lding additional A sheets, if necessary)). (Be specific	, ———			
				-		
						
			,,	· · · · · · · · · · · · · · · · · · ·		
		-				
f an amendment	provides for an ex	.change, reclass	ification, or car	cellation of issu	ed shares.	
<u>provisions for in</u>	iplementing the an	nendment if no	t contained in th	ne amendment it	self:	
(if not applic	able, indicate N/A)					
	_					

The date of each amendment date this document was signed	
_	March 6, 2024
Effective date <u>if applicable</u> ;	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the he Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
• by	.··
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(voting group)
03/06 Dated	/2024
Signature	iv a director, president or other officer – if directors or officers have not been
Su	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Hector J Marchena
	(Typed or printed name of person signing)
	(EO

(Title of person signing)